



Receipt
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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Ferree

Serial No.: 10/767,194

Group Art Unit: 3738

Filed: Jan. 29, 2004

Examiner:

For: IN SITU ARTIFICIAL DISC REPLACEMENTS AND OTHER PROSTHETIC COMPONENTS

REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the PTO in the above-referenced application for which issuance of a corrected filing receipt is respectfully requested.

2. There is an error with respect to the following data which is:

- (X) incorrectly entered
and/or
() omitted

Error in

Correct data

- | | | |
|-----|------------------------|--|
| () | Applicant's name | 1. |
| () | Applicant's address | 2. |
| (X) | Title | 3. In Situ Artificial Disc Replacements
and Other Prosthetic Components |
| () | Filing date | 4. |
| () | Serial number | 5. |
| () | Attorney Docket No. | 6. |
| () | Domestic Priority Data | 7. |

3. (Complete the following applicable item A or B)

A. (X) The correction(s) is/are not due to any error by Applicant and no fee is due.

OR


B. () At least one of the above corrections is due to Applicant's error.



If there are any fees associated with this making these corrections, the Assistant Commissioner of Patents is hereby authorized to charge deposit account no. 07-1180 for such fee.

Reg. No.: 37,424

Tel. No.: (734) 913-9300



Signature of Attorney

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CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Date: July 7, 2004



Sheryl L. Hammer



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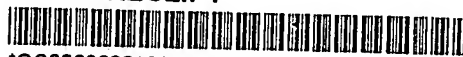
APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/767,194	01/29/2004	3738	394	BAF-16802/29	15	21	3

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CONFIRMATION NO. 5735

FILING RECEIPT



OC000000012946537

Date Mailed: 06/15/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Bret A. Ferree, Cincinnati, OH;

Domestic Priority data as claimed by applicant

This appln claims benefit of 60/443,324 01/29/2003

Foreign Applications

If Required, Foreign Filing License Granted: 06/14/2004

Projected Publication Date: 09/23/2004

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

In situ artificial disc replacements and other prosthetic components

Preliminary Class

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JUN 17 2004
GIFFORD, KRASS, GROH, SPRINKLE,
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